

Appendix B

Housing Opportunities for Persons with AIDS

PROJECT SPONSOR – Budget Cover Sheet

Project Sponsor Name: _____

Indicate which services your agency proposes to provide by checking the items below -

1. Operations:

___ Case Management ___ Facility Based Operations

2. Short-Term rent, mortgage, utility

___ Rental assistance ___ Mortgage assistance ___ Utility assistance
___ Staff costs

4. Tenant Based Rental Assistance

___ Rental assistance ___ Staff Costs

5. Housing Information

___ Staff Costs ___ (other) please explain _____

6. Permanent Housing Placement

___ 1st Month's Rent ___ Rental Application Fee ___ Security Deposits
___ Utility Deposits ___ Utility Payments ___ Moving Costs
___ Housing Search & Placement ___ Housing Stability Case Management
___ Staff Costs

7. Supportive Services

___ Staff Costs ___ Adult Day care ___ Alcohol & drug abuse services
___ Child Care ___ Education ___ Employment assistance
___ Health/Medical ___ Legal services ___ Life skills
___ Meals/nutrition ___ Mental health services ___ Outreach
___ Transportation ___ Other activity (must be approved by OEO – please specify)